U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Vise Chin		
	AUG 10 2005	
E	DRON	

3. Name and address of person filing.

John A GAllo

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

Labor Organization File Number

1 / 1 / 2004 Through: 18 / 31 / 2004

Name International Bro, BoilerMakers

Name, file number, and address of labor organization.

P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 1081/50, 865 E,	street 753 State Ave., Buite 570		
City SANdy	city KANSAS City		
State UT ZIP Code + 4 84094	State KS ZIP Code +4 GG/O/		
5. Position in labor organization. International Representative - Construction Division			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name RON Traxler	Tee Shirt - Pocket Kuife		
Trade Name, if any: CBI Services, Ix.			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street 1503 North Division Street			
CHY Plainsfield	Approx. #30,00		
State IL ZIP Code + 4 60544	,,		
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			

B. Held an interest in or derived income or economic benefit with monetar substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the business s actively seeking to represent, or or indirectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bidg., Room No., if any	c. Employer
Street	
City	
State ZIP Code + 4	
10, If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.ts. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered or from any labor relations consultant to an employer any payment of m	under parts A and B above) noney or other thing of value.
13:a Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

Street

City

State